



CDSS

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# C C L D COMMUNITY CARE LICENSING DIVISION



## CHILD CARE UPDATE

2011

*To the Child Care Community*

We are into the nineteenth year of our efforts to keep the child care community informed about licensing programs and services. The Updates continue to be an important method for sharing information. We appreciate your support in sharing these Updates with those in your organization and others interested in child care issues.

You may find the topic of your choice in each Update without having to scroll down. Just put your cursor over the blue highlighted subject heading that you wish to review, hold down the control and shift buttons at the same time, and you will be taken to that area of the Update.

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# **LICENSING MANAGEMENT INFORMATION**

## ***APPOINTMENTS***

### **SAN JOSE REGIONAL OFFICE**

Carol Marcroft has been appointed the new Regional Manager (RM) for the San Jose Regional Office. Carol is an experienced RM who transferred from the Senior & Adult Care Program.

### **LOS ANGELES EAST REGIONAL OFFICE**

Bertha Manzanares has been appointed the new Licensing Program Manager (LPM) for the Los Angeles East Regional Office. Bertha has been a Licensing Program Analyst (LPA) for 11 years.

### **BAY AREA REGIONAL OFFICE**

Antranette Robinson has been appointed as a new LPM for the Bay Area Regional Office (BARO). Antranette was previously a LPA for the BARO.

### **CHICO REGIONAL OFFICE**

Lisa McKay has been appointed as a new LPM in the Chico Child Care Regional Office. Lisa has been a LPA with the Child Care Program since 1998.

### **FRESNO REGIONAL OFFICE**

Valerie Reed has been appointed as a new LPM in the Fresno Regional Office. Valerie was previously a LPA with the Child Care Program.

### **INYO COUNTY**

Krista Cooper has been appointed the new Acting Licensing Program Supervisor for Inyo County. Prior to this appointment, Krista was the Child Protective Services Social Worker Supervisor.

Please join us in welcoming all of our new managers.

## **LICENSING REQUIREMENTS**

### ***CARE AND SUPERVISION***

It is always a good time to discuss the seriousness of children being left unattended in vehicles; a lack of supervision leading to injury on playgrounds; bus drivers driving while under the influence; children wandering away from facilities, and unacceptable methods of child guidance. These are very serious incidents that are indicative of system failures.

The Legislature established a zero tolerance policy for lack of care and supervision resulting in a child being left unattended or a child wandering away from a facility.

Licensees are required to adhere to all licensing requirements which include, but are not limited to, providing appropriate care and supervision to all children in care, ensuring staff and volunteers do everything they can to prevent children from wandering away from the facility, and minimizing the risk of harm to children using positive methods of child guidance.

Staff is required to supervise indoor and outdoor play areas so that children's safety can be easily monitored and ensured. This involves the establishment and implementation of proactive plans, strategies and standards of conduct which ensure that no child will be left alone or unsupervised. Such plans should be developed anticipating potential events and environments which could pose harm to children. Facility plans should also include specific actions and mechanisms for communication and parallel backups to minimize any chance for breakdowns.

The following are *examples* of Best Practices that could be put in place as part of a sound child protection system:

When a facility provides transportation to and from a child's home, the child care facility, public or private school, or a field trip/outing, there should be written consent and instructions from the child's parents/authorized representatives regarding the times and locations for pick-up and delivery of the child. The instructions should be kept up-to-date with changing school schedules, different school tracks, minimum days, etc.

A driver should have in the vehicle emergency information on each child.

A driver and assistant, independent of each other, should take attendance as children enter and exit the vehicle so that all children are accounted for at all times. A supervisor should review transportation attendance sheets on a regular basis.

The teacher and teacher's assistant should, aloud, count heads and agree that all children are accounted for prior to transitioning to a new area, whether it is at the facility, or another building offsite.

Licensees should establish policies that ensure outdoor play areas are enclosed by fencing which is *at least four feet high*, and staff are assigned to stay close so that children can be seen at all times and prevented from wandering off or getting into unsafe areas.

Licensees should have a written, rehearsed plan in place that details the course of action when a child is missing. This should include identifying designated personnel positions assigned to:

- Conduct a search
- Supervise children while the search is being conducted
- Contact local law enforcement by calling 911 and
- Notifying the missing child's parents or authorized representatives of the situation and the steps being taken to locate their child

Licensees should have systems in place to assess employees' continuing fitness and suitability for their positions.

The list on the previous page is not exhaustive and represents *examples* of safety systems licensees may implement. There are many other strategies that may be effective. Each licensee must evaluate his/her own needs and risks and adopt appropriate strategies that meet licensing requirements.

Always remember that nothing takes the place of *visual observation*. The requirement for Child Care Centers (Title 22 Regulation, Section 101229) to include visual observation in their supervision responsibilities means the facility is not just maintaining the staffing ratio required by regulations, but that staff are also in the same area or play yard with the children.

We do not want to prevent children from being able to play freely in a playhouse or playground structure. The intent is to allow children to play freely while being continually observed. This can be accomplished if staff are physically near, readily available, continually panning and moving about the area, aware of the ongoing activity of each child, and able to intervene when needed.

Visual observation is an important responsibility in order to prevent children from leaving the facility and to prevent injuries, accidents and other health and safety risks from occurring. Visual observation is not met by talking on a cell phone or having general/social conversations with another staff person, as this draws a staff person's attention to something other than supervising children.



## ***RESTRAINT***

Physical control practices such as holding or restraining of a child are prohibited in licensed child care facilities and are a personal rights violation pursuant to Title 22, Regulation, Section 101223.

Personal Rights regulations specify that licensees are required to ensure that each child is:

- Accorded dignity in his/her personal relationships with staff and other persons
- Accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs
- To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of a punitive nature
- Not placed in any restraining device

Additionally, pursuant to Title 22, Regulation, Section 101223.1, even postural supports/protective devices are prohibited unless approved by the Department under specified conditions, with specified documentation, and with an appropriate fire clearance.

## **GENERAL HEALTH AND SAFETY INFORMATION**

### ***TEAM CALIFORNIA FOR HEALTHY KIDS***

Team California for Healthy Kids campaign focuses on making healthy choices the easy choices. The goals for the first two years of the campaign are to:

- Increase physical activity, especially moderate-to-vigorous physical activity (MVPA) throughout the day, every day, in schools and communities.
- Increase access to water and fresh foods, particularly salad bars.

The campaign also seeks to give children more opportunities to be active during the day, encouraging walk- and bike-to-school programs, and providing short physical activity breaks when school seat time exceeds one hour.

Schools, after school agencies, and early childhood programs can join the Team by creating their own local campaigns. Organizers have created a set of online resources and tools available to any school or community organization looking to promote student health and fitness. The campaign's materials are posted on the California Department of Education's Web site at [Team California for Healthy Kids - Initiatives & Programs](#) or at the Team California for Healthy Kids site at [Team California Home](#).

### ***NEW SAFE SLEEP RECOMMENDATIONS***

These safe sleep top ten recommendations are based on the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome Policy Statement ([SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment](#), 2011).

1. Back to sleep for every sleep—To reduce the risk of SIDS, infants should be placed for sleep in a supine position (wholly on the back) for every sleep by every caregiver until one year of life. Side sleeping is not safe and is not advised.
2. Use a firm sleep surface—A firm crib mattress, covered by a fitted sheet, is the recommended sleeping surface to reduce the risk of SIDS and suffocation.
3. Room-sharing without bedsharing is recommended—There is evidence that this arrangement decreases the risk of SIDS by as much as 50 percent. In addition, this arrangement is most likely to prevent suffocation, strangulation, and entrapment that might occur when the infant is sleeping in an adult bed.

4. Keep soft objects and loose bedding out of the crib to reduce the risk of SIDS, suffocation, entrapment, and strangulation.
5. Pregnant women should receive regular prenatal care—there is substantial epidemiologic evidence linking a lower risk of SIDS for infants whose mothers obtain regular prenatal care.
6. Avoid smoke exposure during pregnancy and after birth—both maternal smoking during pregnancy and smoke in the infant's environment after birth are major risk factors for SIDS.
7. Avoid alcohol and illicit drug use during pregnancy and after birth—there is an increased risk of SIDS with prenatal and postnatal exposure to alcohol or illicit drug use.
8. Breastfeeding is recommended.
9. Consider offering a pacifier at nap time and bedtime—although the mechanism is yet unclear, studies have reported a protective effect of pacifiers on the incidence of SIDS. The protective effect persists throughout the sleep period, even if the pacifier falls out of the infant's mouth.
10. Avoid overheating—although studies have revealed an increased risk of SIDS with overheating, the definition of overheating in these studies varied. Therefore, it is difficult to provide specific room temperature guidelines for avoiding overheating.

To learn more about SIDS or the Back to Sleep Campaign, visit the California SIDS Program at: <http://www.californiasids.com>.



**EXTRA! EXTRA! Read all about it!**

## ***DEPARTMENT OF JUSTICE CUSTODIAN OF RECORDS REQUIREMENT***

Senate Bill 447 (Statutes of 2009) amended Penal code section 11102.2 that required agencies who receive criminal offender record information (CORI) to appoint a custodian of records. Recently, it was brought to our attention that licensees were receiving notification from the Department of Justice (DOJ) stating that each licensee was required to appoint a custodian of records for their facility.

Licensees are not considered “agencies” that receive criminal history information. The DOJ has confirmed that this new requirement was never intended to apply to licensees of community care facilities. The California Department of Social Services, Community Care Licensing Division is the agency that receives CORI and must have a custodian of records—NOT licensees of community care facilities.

Licensees who continue to receive notification that they are required to appoint a custodian of records for their facility, should contact the DOJ at the information listed on their website. Please see the attached link specifically for the custodian of records: <http://ag.ca.gov/fingerprints/custodian.php>.

## ***STRANGE CALLER***

This is to alert all licensed providers that the Child Care Licensing Program has been receiving a significant number of complaints and concerns from Family Child Care Home (FCCH) licensees, statewide, regarding suspicious phone calls. At least one incident included a person visiting a FCCH claiming to be a representative of the licensing office.

Although the following incidents occurred only in FCCHs, it is necessary to alert all licensed care providers as a precautionary measure.

Be aware that these callers may:

- indicate they are from Licensing, an analyst with Licensing, the Department of Licensing, or an attorney;
- use different names;
- ask for personal information such as bank account information, verification of their address, number of children the licensee has, etc.;
- ask if the provider is home alone and if there is a male in the home right now;
- be male or female;
- indicate that they want to make a visit to the facility in order to check compliance of the home to help the facility avoid a civil penalty;
- indicate they want to help them advertise their business.

“Caller I.D.” registered a variety of phone numbers, most had prefixes of “888” or “877”.

If you receive one of these calls, **do not provide the person with any information. Hang up immediately and report it to your local police department, as well as your local [Regional Office](#).** If you have “Caller I.D.”, please jot down the phone number and include it in your report to the police department and Licensing.

If you receive a visit to your facility from a person who you suspect is not from Licensing, do not let them in. Ask them for their State Department of Social Services identification badge and call your local licensing office to confirm that the person is legitimate.



## LICENSED CHILD CARE STATISTICS

Facility Type	Total Capacity	Total Licensed Facilities
Family Child Care Home*	377,173	38,657
Infant Center	45,082	2,001
Child Care Center	593,252	10,637
Child Care Center - School Age	135,424	2,450
Child Care Center - Mildly Ill Children	58	6
<b>Total</b>	<b>1,150,989</b>	<b>53,751</b>

**NOTE:** This includes facilities licensed by the state and those counties which license FCCHs (Del Norte, Inyo, and Sacramento). County licensing statistics are through July 2011 per most recent report from Research and Development Division. State licensing statistics are through November 2011.

If you have questions about items included in this Update, or suggestions for future topics, please contact Paula d'Albenas, Acting Program Administrator, at (916) 651-6040. You may also visit our website at [www.cclld.ca.gov](http://www.cclld.ca.gov) to obtain copies of licensing Updates, office locations, provider letters, regulations, forms, the Licensing Evaluator Manual, or to learn more about licensing programs and services.

Sincerely,

***Original signed by Jeffrey Hiratsuka***

JEFFREY HIRATSUKA  
Deputy Director  
Community Care Licensing Division